Kansas Medical Assistance Program

DRUG UTILIZATION REVIEW BOARD

Meeting Minutes, Open Session

November 10, 2004

DRUG UTILIZATION REVIEW BOARD Meeting Minutes, Open Session SRS Learning Center Conference Rooms A & B Topeka, Kansas November 10, 2004	**Members Present By Phone:** Michael Burke, M.D., Ph.D., Chair; R. Kevin Bryant, M.D., CMD; Dennis Grauer, Ph.D.; Linda Kroeger, ARNP; John Lowdermilk, R.Ph.; Barry Sarvis, R.Ph.; Brenda Schewe, M.D.; Roger Unruh, D.O.; Kevin Waite, PharmD **SRS Staff Present:** Nialson Lee, B.S.N, M.H.A.; Mary Obley, R.Ph.; Vicki Schmidt, R.Ph., DUR Program Director; Erica Miller **EDS Staff Present:** Nicole Garcia, R.N.; Pam Girard, R.N.; Karen Kluczykowski, R.Ph.; Chalen Reed, R.Ph.	**Representatives:** Carol Curtis (AstraZeneca), Lon Lowrey (Novartis), Tom Rickman (Aventis), Bob Marshall (Novartis), Ron Godsey (TAP), Colette Wundertich (AstraZeneca), James Rider, D.O. (Geriatrics), Jason Neef (Sepracor), Chris Johnson, R.Ph. (ACS Heritage), Craig Boon (ACS Heritage), James Lieurance (Takeda), Leigh Anne Nelson (Bristol Myers Squibb), Cathleen Helms (Upjohn), Jim Baumann (Pfizer), Bruce Steinberg (Aventis), Mike Hutfles (Kansas Governmental Consulting), Tammara Capps (Purdue), Rhonda Clark (Purdue), Shawn Legere (GlaxoSmithKline), Danny Ottosen (Bertek), Mike Moratz (Merck)

TOPIC	DISCUSSION	DECISION/ACTION
I. Call to Order	• Dr. Michael Burke, Chair, called the Open Meeting of the Drug Utilization Review Board to order at 9:45a.m.	
II. Review and Approval of September 09, 2004, Meeting Minutes	• Vicki stated that there was one typo on page 6, the e-mail address should be pharmaceutical not pharmaceutica. • Mr. Sarvis stated that he was left off the members present along with Linda Kroeger.	• A motion to approve the minutes with the corrections was made by Dr. Unruh and seconded by Dr. Schewe. The motion carried unanimously by roll call.
III. Announcements	• Mary announced that Vicki won the District 20 State Senate position. Vicki will be leaving us sometime in early January. We will all miss her	

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Announcements – Con't	and wish her luck with her new position. • Dr. Burke stated that Vicki has brought much to the DUR Board and she will be greatly missed.	
IV. New Business **A. ACS Heritage** **1. Annual Assessment**	• Chris Johnson (ACS Heritage) reviewed the Annual Program Assessment.	
2. Interventions	• Vicki stated that the State and ACS Heritage would like the DUR Board to pick 3 out of the 4 population based interventions for 2005. • Chris presented information to the DUR Board regarding the Psychiatric Coordination of Care population based intervention. • Chris (ACS Heritage) reviewed the Reducing Risk of Falls in the Elderly population based intervention. • Dr. Waite stated that in the hospital all patients on an anti-coagulant are listed as high risk for falls. He asked if that was included in the intervention. Chris stated that it is difficult for them to get the information for anti-coagulants. Dr. Schewe asked if they plan to include any anti-coagulant information. Chris stated that they do not plan on it. • Chris reviewed the NSAID Drug Usage Evaluation population based intervention. • Chris reviewed the GI Drugs: Drug Usage Evaluation population based intervention.	
Public Comment	• Leigh Anne Nelson (Bristol-Myers Squibb) presented information to the DUR Board regarding Abilify®. She stated that the Abilify®	

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ACS Heritage: Interventions - Con't	has recently been approved for additional indications that are not listed on the intervention proposal. Ms. Nelson also stated that on the proposed intervention there are 2 side effects listed, but she believes the metabolic concerns should also be listed. • Carol Curtis (AstraZeneca) would like to recommend that we bring back the topic of intervention selection again, so the pharmaceutical reps have more time to prepare and bring appropriate speakers to present information to the DUR Board. Vicki stated that she is asking the DUR Board to direct ACS Heritage on future interventions for topic selection only. The interventions will be brought back to the DUR Board for additional comments. Overall, clinical changes in the intervention letters are up to ACS Heritage. • Chris stated that before the intervention letters are printed and sent out ACS Heritage will have their clinical pharmacists review any updated information that has been recently released. • Jim Baumann (Pfizer) stated that there are two new indications for Risperidone.	
Board Discussion	• Dr. Burke reminded the Board that they need to pick 3 of the 4 population based intervention for the next year. • Dr. Grauer stated that he would be in favor of the Psychiatric Coordination of Care intervention • Dr. Burke stated that after looking at the proposed intervention letters he would like to suggest placing patient's name and reason for the intervention at the beginning of the letter to attract the clinician's attention. Craig Boon (ACS	

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ACS Heritage: Interventions - Con't	Heritage) stated that they could change the format to whatever the DUR Board would like. Dr. Burke stated that he likes the format; he would just like something briefly stated at the beginning stating what the letter is regarding. • Dr. Burke stated that he would be interested in the Psychiatric Coordination of Care and Reducing Risk of Falls in the Elderly interventions. Dr. Schewe suggested the NSAID intervention as the third choice. Dr. Burke stated that the GI Drugs intervention has some clinical overlap with the NSAID intervention. Dr. Waite thinks it would be better if the NSAID intervention was done.	
DUR Board Recommendation	• With no further Board discussion, a motion was placed before the Board. • Mr. Sarvis stated that from the standpoint of a pharmacist he believes the GI Drugs intervention would be a better choice. He has seen patients on Proton Pump Inhibitors (PPI's) for long periods of time and there are probably a percentage of these patients that do not need to be on a PPI. He also thinks the Cox2 prior authorization (PA) process will help with the NSAID problem. • Mary pointed out that EDS is still doing monthly interventions regarding patients on 10 or more drugs per month. This process might provide data for some of the NSAID patients.	• A motion was made by Dr. Schewe and seconded by Dr. Bryant for the Psychiatric Coordination of Care, Reducing Risk of Falls in the Elderly and NSAIDs to be the interventions for the 2005 calendar year. • Dr. Schewe withdrew her motion.
DUR Board Recommendation	• With no further Board discussion a, motion was placed before the Board.	• A motion was made by Dr. Grauer and seconded by Dr. Waite to make the Psychiatric Coordination of Care and Reducing Risk of Falls in the Elderly two of the three interventions. The motion carried

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ACS Heritage: Interventions - Con't	• The Board then discussed whether they should make the NSAID or GI intervention the third intervention.	unanimously by roll call. • A motion was made by Mr. Sarvis and seconded by Mr. Lowdermilk to make the NSAID intervention the third intervention for calendar year 2005. The motion carried unanimously by roll call.
Outcome Studies – Heart Failure	• Craig reviewed outcomes of the Chronic Heart Failure intervention. Estimates of the intervention benefits include increased medication compliance and a reduction in clinical service utilization with an estimated savings of over one million dollars. • Karen Kluczykowski, R.Ph. (EDS) asked if the outcomes are inline with other States. Craig stated that the outcomes are inline with other States.	
B. Discussion/Approval of PDL and Resulting PA Criteria for Non-Preferred Drugs **1. Urinary Incontinence (UI) Drugs** **a. PDL Advisory Committee Recommendations** **b. SRS Proposal for Preferred Drugs and Recommendations**	• Mary stated that the PDL Committee determination was that all formulations of UI drugs are clinically equivalent. The Committee also made a suggestion that molecular characteristics of Tolterodine products may be associated with less adverse effects. • Mary stated that the recommendation from SRS is for Tolterodine LA (Detrol LA®) and Oxybutynin (Ditropan®) to be preferred UI drugs, and PA required for Flavoxate HCI (Urispas®), Oxybutynin XL (Ditropan XL®), Tolterodine (Detrol®), Oxybutynin Patches (Oxytrol®).	

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Urinary Incontinence Drugs – Con't **c. Public Comment**	• Dr. James Rider wanted to make sure that the DUR Board and SRS recognized his opinion that it is important to make Tolterodine one of the preferred drugs.	
d. Discussion	• No Board discussion	
e. DUR Board Recommendation	• With no further Board discussion, a motion was placed before the Board.	• A motion was made by Mrs. Kroeger and seconded by Dr. Unruh to accept the SRS recommendation for Tolterodine LA (Detrol LA®) and Oxybutynin (Ditropan®) to be the Preferred UI drugs, and PA required for Flavoxate HCI (Urispas®), Oxybutynin XL(Ditropan XL®), Tolterodine (Detrol®), Oxybutynin Patches (Oxytrol®) with PA criteria of medical intolerance to Preferred Drug, or inadequate response to Preferred Drug, or absence of appropriate formulation or indication of the drug. The motion carried unanimously by roll call.
	• Mr. Sarvis stated that there is potential for 3 new drugs in this class to be released in 2005, and asked if new drugs are automatically non-covered until the PDL Committee reviews them? Mary stated that if the manufacturer of the new drug has signed a rebate agreement it will be placed on the formulary. The drug will be listed as non-preferred, no PA required until the PDL Committee reviews the class.	
2. Beta Blockers (BB) **a. PDL Advisory Committee Recommendations**	• Mary stated that the PDL Committee determination was that all formulations of Beta Blockers are clinically equivalent to their brand name counterparts and that data supports Coreg® and Toprol XL® as preferred agents for patients with CHF.	
b. SRS Proposal for Preferred Drugs and PA Criteria	• Mary stated that the recommendation from SRS is for Atenolol (Tenormin®, generic equivalents), Carvedilol (Coreg®), Labetalol (Trandate®), Metoprolol (Lopressor®, generic equivalents),	

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Beta Blockers – Con't	Metoprolol XL (Toprol XL®, generic equivalents), Propranolol (Inderal®, generic equivalents), Sotalol, Sotalol AF (Betapace®, Betapace AF®, generic equivalents), Acebutolol (Sectral®, generic equivalents), Pindolol (Visken®, generic equivalents) to be preferred Beta Blockers, and PA required for Betaxolol (Kerlone®), Bisoprolol (Zebeta®), Carteolol (Cartrol®), Nadolol (Corgard®, generic equivalents), Penbutolol (Levatol®), Timolol (Blocadren®, generic equivalents), Propranolol XL (InnoPran XL®, Inderal LA ®, Propranolol Intensol LA ®).	
	• Dr. Burke stated that this class of drugs has not changed much since the last review. Mary stated that there were two changes to the PDL, Pindolol was moved to preferred and Propranolol XL was placed on the non-preferred list.	
c. Public Comment	• Carol Curtis (AstraZeneca) stated that there are no generic equivalents for Toprol XL®. Also, Bisoprolol should have generic equivalents listed. Mary stated that she would make those corrections.	
d. Discussion	• No Board discussion.	
e. DUR Board Recommendations	• With no further Board Discussion, a motion was placed before the Board.	• A motion was made by Dr. Schewe and seconded by Dr. Bryant to accept the SRS recommendations with the following changes. Atenolol (Tenormin®, generic equivalents), Carvedilol (Coreg®), Labetalol (Trandate®), Metoprolol (Lopressor®, generic equivalents), Metoprolol XL (Toprol XL®). Propranolol (Inderal®, generic equivalents), Sotalol, Sotalol AF (Betapace®, Betapace AF®, generic equivalents), Acebutolol (Sectral®, generic equivalents), Pindolol (Visken®,

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Beta Blockers – Con't	• Mr. Lowdermilk asked if the combo drugs will be listed in this category. Mary stated that they were not included in the review, but they were voted on by the PDL Committee. She will look into having them placed on the forms. • Mary stated that she could look into having generic equivalents listed below all the preferred and non-preferred drugs instead of listing it after every drug.	generic equivalents) to be the preferred Beta Blocker drugs, and PA required for Betaxolol (Kerlone®), Bisoprolol (Zebeta®, generic equivalents), Carteolol (Cartrol®), Nadolol (Corgard®, generic equivalents), Penbutolol (Levatol®), Timolol (Blocadren®, generic equivalents), Propranolol XL (InnoPran XL®, Inderal LA®, Propranolol Intensol LA®) with PA criteria of medical intolerance to Preferred Drug, or inadequate response to Preferred Drug, or absence of appropriate formulation or indication of the drug. The motion carried unanimously by roll call.
3. Oral Hypoglycemics **a. Meglitinides** **1. PDL Advisory Committee Recommendations** **2. SRS Proposal for Preferred Drugs and PA Criteria** **3. Public Comment**	• Dr. Burke stated that the only change in recommendations of the PDL committee for the Oral Hypoglycemics (OH) was in the Meglitinide class. The remainder of the OH category stayed the same. • Mary stated that the PDL committee determination was that all formulation of Meglitinides are clinically equivalent. • Mary stated that the recommendation from SRS is for Nateglinide (Starlix®) to be preferred, and PA required for Repaglinide (Prandin®). • Bruce Steinberg (Aventis Pharmaceuticals) asked if the changes the DUR Board requested for the PA forms were made. Mary stated that the changes have been made to the PA forms and are on the PDL website.	

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Meglitinides – Con't **4. Discussion** **5. DUR Board Recommendation**	• No Board discussion. • With no further Board discussion, a motion was placed before the Board.	• A motion was made by Dr. Waite and seconded by Dr. Schewe to accept the SRS recommendation for Nateglinide (Starlix®) to be the Preferred Meglitinides, and PA required for Repaglinide (Prandin®) with PA criteria of medical intolerance to Preferred Drug, or inadequate response to Preferred Drug, or absence of appropriate formulation or indication of the drug. The motion carried unanimously by roll call.
4. Angiotensin II Receptor Antagonists (ARB's) **a. PDL Advisory Committee Recommendation** **b. SRS Proposal for Preferred Drugs and PA Criteria** **c. Public Comment** **d. Discussion**	• Dr. Burke stated that the PDL Committee determination was that all formulations of ARB's are clinically equivalent and all combination formulation ARB's are clinically equivalent to single agents taken in combiniation. • Mary stated that the recommendation from SRS is for Losartan (Cozaar®), Valsartan (Diovan®), Valsartan/HCTZ (Diovan HCT®), Irbesartan (Avapro®), Irbesartan/HCTZ (Avalide®), Telmisartan (Micardis®), Telmisartan/HCTZ (Micardis HCT®) to be preferred, and PA required for Candesartan (Atacand®), Candesartan/HCTZ (Atacand HCT®), Eprosartan (Teveten®) Eprosartan/HCTZ (Teveten HCT®), Olmesartan (Benicar®), Olmesartan/HCTZ (Benicar HCT®). • No public comment. • Mr. Sarvis asked why Losartan HCT (Hyzaar®) is not on the preferred or non-preferred list. Mary	

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ARBs – Con't **e. DUR Board Recommendations**	stated that it will be eventually; she is still reviewing. • With no further Board discussion, a motion was placed before the Board.	• A motion was made by Dr. Grauer and seconded by Dr. Schewe to accept the SRS recommendation for Losartan (Cozaar®), Valsartan (Diovan®), Valsartan/HCTZ (Diovan HCT®), Irbesartan (Avapro®), Irbesartan/HCTZ (Avalide®), Telmisartan (Micardis®), Telmisartan/HCTZ (Micardis HCT®) to be the Preferred ARBs, and PA required for Candesartan (Atacand®), Candesartan/HCTZ (Atacand HCT®), Eprosartan (Teveten®), Eprosartan/HCTZ (Teveten HCT®), Olmesartan (Benicar®), Olmesartan/HCTZ (Benicar HCT®) with PA criteria of medical intolerance to Preferred Drug, or inadequate response to Preferred Drug, or absence of appropriate formulation or indication of the drug. The motion carried unanimously by roll call.
5. Additional Comments	• Vicki informed everyone that the future DUR meetings will not be at the SRS Learning Center; we will let everyone know as soon as we find a new location. Vicki also wanted to thank everyone for the good experiences she has had with DUR the past year. She also thanked EDS, ACS Heritage for always making us look good, the DUR Board, Mary, Nialson and Erica. There is now a DUR website. This is where we will be posting all the documents for the DUR meetings. • Carol Curtis (AstraZeneca) asked what the effective date will be for the drug classes that were reviewed today. Mary stated that it would be after the first of the year. Carol also asked if SRS had any comments to make about the SRS	

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Additional Comments - Con't	re-organization. Nialson stated that things will keep moving and an effective date has not been set. • Tom Rickman (Aventis) wanted to express the pharmaceutical representatives appreciation of Vicki, she will leave big shoes to fill and she will be missed.	
IV. Adjournment	• There being no further discussion, a motion to adjourn was placed before the Board.	• A motion was made by Dr. Bryant and seconded by Dr. Schewe to adjourn the meeting. The motion carried unanimously by roll call. The open meeting was adjourned at 11:25 a.m.